

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT  
ARTESIA, NM 88210

NM OIL CONS. COM.  
SUBMIT IN P.M.  
Drawn by Instruction  
(reverse side)  
Artesia, NM 88210

Budget Bureau No. 1004-1  
Expires August 31, 1985  
LEASE DESIGNATION AND SERIAL NO.  
LC-029392 (b)

clsp

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir.  
Use "APPLICATION FOR PERMIT" for

1. OIL WELL  GAS WELL  OTHER

2. NAME OF OPERATOR  
Southland Royalty Company

3. ADDRESS OF OPERATOR  
21 Desta Drive, Midland, Texas 79705

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.  
See also space 17 below.)  
At surface 330' FNL & 1650' FWL, Sec. 27, T-18-S, R-31-E

14. PERMIT NO. 15. ELEVATIONS (Show whether DF, RT, GR, etc.)  
3640.6' GR

7. UNIT AGREEMENT NAME  
8. FARM OR LEASE NAME  
Hinkle "F"  
9. WELL NO.  
11  
10. FIELD AND POOL, OR WILDCAT  
Shugart (Y,SR,Q,G)  
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA  
Sec. 27, T-18-S, R-31-E  
12. COUNTY OR PARISH  
Eddy  
13. STATE  
N.M.

RECEIVED BY  
NOV 24 1986  
O. C. D.  
ARTESIA, OFFICE

Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) Set 8 t/8" Surface Csg. <input checked="" type="checkbox"/>	

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)\*

Spudded 12 1/4" hole @ 8:00 AM 11-15-86. Set 8 5/8" 24# csg @ 733'. Cmt w/400 sx C1 "C". PD @ 4:30 PM 11-16-86. Cmt circ 15 sx. Dev 1 deg @ 733'. WOC 4 hrs. Tested csg to 1000#. Held OK.

ACCEPTED FOR RECORD  
*SWD*  
NOV 19 1986  
CARLSBAD, NEW MEXICO



18. I hereby certify that the foregoing is true and correct

SIGNED Cathy Robe TITLE Engineering Tech III DATE 11/18/86

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side

RECEIVED  
MAY 13 1964  
U.S. AIR FORCE  
COMMUNICATIONS CENTER

100-100000-100000